Effective October 1, 2003													
CLAIMS AS FILED - PART SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													1
T	OTAL CLAIMS	3 28					1	RATE	FEE	ок Т	RATE		4
F	OR		NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FE			BASIC FEE	770.00	┨
1	OTAL CHARGE	ABLE CLAIMS	25 minus 20=						1 000.00	HON		770.00	┨
┢	DEPENDENT C		∠4 minus 3 ≈		8			XS 9=	_	OR	X218ª	144	1
-		NDENT CLAIM P						X43=		OR	X86-	86]
Ц.,,								+145=		OR	+290=		ı
• 1	the difference	"0" in (column 2		TOTAL		OR	TOTAL		1			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL											OTHER	THAN	1
_			SMALL	ENTITY	OR	SMALL	ENTTTY]					
AMENDMENT A	gusor	CLAIMS RÉMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FER	ł
	Total	• 21	Minus	 2	8	•—	lΓ	X\$ 9=		OR	XS18=	/	1
	Independent	. 4	Minus	see L	τ	0		X43=		OR	X86=X		1
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							445	—	UA	-/-		ł
1,16,24,25								+145=		OR	+290=		
4/11/17 1001000							A	DOTT. FEE		OR	ADDIT. FEE		1
AMENDMENT 8	114101	(Column 1)		(Colum		(Column 3)	-						1
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	.20	Minus	-27	8	. 0:		X\$ 9=	-/	OR	X\$18=	_FEE_	ľ
	Independent	• 5	Minus	4		• (.	-	X43=	<u> </u>		X86=	<u> </u>	
	FIRST PRESE	NTATION OF MIL	ILTIPLE DE	PENDENT	CLAIM	·	-	A-10=		OR	X86=		
							Ŀ	+145=	·	OR	+290=	•	
G	9 x ~ :0	•	•	•			AD	TOTAL DIT. FEE		OR	ADDIT. FEE		
<i>X</i>	28-07	(Column 1)		(Colum		(Cotumn 3)		• • • •		•	•		
丟卜	·	REMAINING AFTER AMENDMENT		PREVIO	ER JSLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIQNAL	
	Total		Minus	PAID FI	~	.0			FEE	ŀ		FEE_	
	Independent	• 5	Minus	••• U	2	•0	1	X\$ 9=		OR	X\$18=	4	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43≖		OR	X86=		
+145= OR 4290m													
* If the entry in column 1 is less than the entry in column 2, write "of in column 3. "If the "Highest Number Proviously Puld For IN THIS SPACE is less than 20, enter 20." TOTAL OR TOTAL												-) -	
	بالما الكاساني فيم	mber Previously Paid ber Previously Paid	M For IN THE	CCDACEL	Laws them	9		on the and			ODIT, FEEL		
		··								:			

Application or Docket Number